

Michigan Department of Community Health
EMS and Trauma Services Section
Emergency Medical Services Personnel
P.O. Box 30717
Lansing, Michigan 48909
(517) 241-0179

RELICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

GENERAL INSTRUCTIONS FOR ALL LEVELS

1. Mark the box on the application for the appropriate level of license for which you are applying. Specific instructions for each level are given below.
2. Failure to complete the application in its entirety and correctly may result in a delay of the processing of your application. Be sure to complete all the information before submitting. Sign and date your application.
3. **Volunteer Agency Employees:** Applicants who work for volunteer agencies (those that do not charge for their services) and are a licensed life support agency with the State of Michigan are eligible for fee exemption. Please call the telephone number above and ask for the "*Volunteer Agency Fee Exempt Form*". (OHS/EMS/144)

MEDICAL FIRST RESPONDER LICENSE

License expired within the last three years

1. Complete the relicensure application form and submit it with the appropriate fee to the EMS and Trauma Services Section. Application fees are nonrefundable.
2. If you have ever been licensed in any other state(s), forward the enclosed *Verification of Out-of-State Licensure* form to the appropriate state(s). The state(s) must complete the form and return it directly to this office. Faxed forms are unacceptable.

License expired more than three years ago and you have not been continually licensed in another state

1. Complete a **new** state-approved Medical First Responder course.
2. Complete the relicensure application and submit it with the appropriate fee to the EMS and Trauma Services Section within two years of your new course completion date.
3. Enter your education program sponsor's name, sponsor number, date of course completion, and name and code number of the EMS Instructor/Coordinator (I/C). Your I/C must forward verification that you have completed the course directly to this office.
4. If you have ever been licensed in any other state(s), forward the enclosed *Verification of Out-of-State Licensure* form to the appropriate state(s). The state(s) must complete the form and return it directly to this office. Faxed forms are unacceptable.
5. You must retake and pass the National Registry MFR exam. If you take the exam in Michigan, the National Registry should send your scores to this office. If you take the exam in another state, please contact the National Registry to forward your scores directly to this office.

License expired more than three years ago and you have been continually licensed in another state

1. Complete the relicensure application form and submit it with the appropriate fee to the EMS and Trauma Services Section. Application fees are nonrefundable.

2. Forward the enclosed *Verification of Out-of-State Licensure* form to any state(s) where you currently hold or have held licensure. That state(s) must complete the form and return it directly to this office. Faxed forms are unacceptable.

EMT – BASIC, SPECIALIST AND PARAMEDIC

License expired within the last three years

1. Complete the relicensure application form and submit it with the appropriate fee to the EMS and Trauma Services Section. Application fees are non-refundable.
2. Submit the Continuing Education Record form (OHS/EMS-127) with proof of completion of your continuing education. All CEU's must have been completed within three years of the date of relicensure application. Submit a copy of your current CPR card for EMT and Specialist.
3. If you have ever been licensed in any other state(s), forward the enclosed *Verification of Out-of-State Licensure* form to the appropriate state(s). That state(s) must complete the form and return it directly to this office. Faxed forms are unacceptable.

License expired more than three years ago and you have not been continually licensed in another state

1. Complete a **new** state-approved EMS Training Course.
2. Complete the relicensure application form and submit it with the appropriate fee to the EMS and Trauma Services Section within two years of your newcourse completion date.
3. Enter your education program sponsor's name, sponsor number, date of course completion, and name and code number of the EMS Instructor/Coordinator (I/C). Your I/C must forward verification that you have completed the course directly to this office.
4. If you have ever been licensed in any other state(s), forward the enclosed *Verification of Out-of-State Licensure* form to the appropriate state(s). The state(s) must complete the form and return it directly to this office. Faxed forms are unacceptable.
5. You must retake and pass the National Registry exam. If you take the exam in Michigan, the National Registry should send your scores to this office. If you take the exam in another state, please contact the National Registry to forward your scores directly to this office.

License expired more than three years ago and you have been continually licensed in another state

1. Complete the relicensure application form and submit it with the appropriate fee to the EMS and Trauma Services Section. Application fees are non-refundable.
2. Forward the enclosed *Verification of Out-of-State Licensure* form to any state(s) where you currently hold or have held licensure. The state(s) must complete the form and return it directly to this office. Faxed forms are unacceptable.

INSTRUCTOR COORDINATOR (I.C.)

License expired within the last three years

1. Complete the relicensure application form and submit it with the appropriate fee to the EMS and Trauma Services Section. Application fees are non-refundable.
2. Submit the Continuing Education Record form (OHS/EMS-337) with proof of completion of your continuing education. All CEU's must have been completed within three years of the date of relicensure application. Submit copies of your BCLS or ACLS instructor card.

License expired more than three years ago

1. Complete a **new** state-approved I.C. Training Course.
2. Complete the relicensure application and submit it with the appropriate fee to the EMS and Trauma Services Section within one year of course completion date.
3. You must retake and pass the state exam within one year of course completion.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the EMS and Trauma Services Section in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to EMS and Trauma Services Section, PO Box 30717, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.

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DCH/EMS-400 (05/04)

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**APPLICATION FOR RELICENSURE - LICENSE EXPIRED
WITHIN LAST 3 YEARS**

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, a license will not be issued

Type or Print Only

Board Use Only

I AM APPLYING FOR: (Check One Only)

- ☐ Medical First Responder - Fee: \$50.00 71-3204-06
☐ Emergency Medical Technician (Basic) - Fee: \$75.00 71-3203-06
☐ Specialist - Fee: \$75.00 71-3202-06
☐ Paramedic - Fee: \$75.00 71-3201-06
☐ EMS Instructor/Coordinator - Fee: \$75.00 71-3205-53

License Number

Date of Licensure

Your check or money order drawn on a U.S. Financial Institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Previous Michigan EMS License Number
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		Daytime Phone Number

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer to questions 1 or 2.

1. Have you ever been convicted of a misdemeanor or felony, other than minor traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever had your license to practice emergency medical services in another state revoked, suspended, or otherwise disciplined, been denied a license, or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you hold, or have you ever held, an emergency medical services license in any other state? If yes, list each state, the license number, the date issued and how the license was obtained. You must have each state verify license directly to this board office. (Attach additional sheets if necessary) .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State	License/Registration Number	Date of Issue

Name

<p style="text-align: center;">CERTIFICATION</p> <p>I certify that I am the person named above and that all statements are true. Once licensed, I will comply with all applicable state laws and rules.</p> <p>I understand that it is the policy of this agency to secure criminal conviction history as part of the pre-licensure screening process, and I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record keeping organization.</p> <p>I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.</p>	
Signature	Date

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DCH/EMS-401 (05/04)

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**APPLICATION FOR RELICENSURE - LICENSE EXPIRED
MORE THAN 3 YEARS**

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, a license will not be issued

Type or Print Only

I AM APPLYING FOR: Check One Only

- ☐ Medical First Responder -No fee or exam required
- ☐ Emergency Medical Technician (Basic) - Fee: \$40.00 71-3203-01
- ☐ Specialist - Fee: \$60.00 71-3202-01
- ☐ EMS Instructor/Coordinator - Fee: \$100.00 71-3205-08
- ☐ Paramedic - Fee: \$80.00 71-3201-01

Your check or money order drawn on a U.S. financial Institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Previous Michigan EMS License Number
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		Daytime Phone Number

EDUCATION INFORMATION:

Sponsor of Education (Name and Location)		Sponsor Approval Number
Date of Course Completion	Name of Instructor/Coordinator	Instructor/Coordinator Code Number

NATIONAL REGISTRY EXAM INFORMATION:

Date and location where you passed the National Registry PRACTICAL Exam	Date and location where you passed the National Registry WRITTEN Exam
Date:	Date:
Location:	Location:

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

www.michigan.gov/healthlicense

Name

Check the appropriate answer to each of the following questions.

NOTE: Attach a detailed explanation for any Yes answer to questions 1 or 2.

1. Have you ever been convicted of a misdemeanor or felony, other than minor traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever had your license to practice emergency medical services in another state revoked, suspended, or otherwise disciplined, been denied a license, or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you hold, or have you ever held, an emergency medical services license in any other state? If yes, list each state, the license number, and the date issued. You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

State	License/Registration Number	Date of Issue

CERTIFICATION

I certify that I am the person named above and that all statements are true. Once licensed, I will comply with all applicable state laws and rules.

I understand that it is the policy of this agency to secure criminal conviction history as part of the pre-licensure screening process, and I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

Signature	Date
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VERIFICATION OF OUT-OF-STATE LICENSURE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Agency for completion.

Please indicate the level of licensure for which you are requesting verification:		
<input type="checkbox"/> Medical First Responder	<input type="checkbox"/> EMT-Basic	<input type="checkbox"/> EMT-Specialist/Intermediate 85
<input type="checkbox"/> Paramedic		
Applicant's Name (First, Middle and Last)		
All Previous Names Used	Date of Birth	Social Security Number
State Agency	License Number	Date of Issue

The applicant named above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the address shown above.

PART II: To be completed by the State Licensing Agency

License Type	License Status <input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	Expiration Date
Has the applicant incurred any disciplinary proceedings in your State? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach certified copies of any actions.)		
Are disciplinary proceedings pending? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach certified copies of any actions.)		
If applying for EMT , did the applicant's training include the following (check the appropriate box(es)): <input type="checkbox"/> double lumen airway <input type="checkbox"/> automated external defibrillator (AED) <input type="checkbox"/> epinephrine administration (epi-pen)		
If applying for EMT Specialist (Intermediate 85) , did the applicant's training include the following (check the appropriate box(es)): <input type="checkbox"/> IV Therapy (fluid replacement only) <input type="checkbox"/> endotracheal intubation <input type="checkbox"/> double lumen airway <input type="checkbox"/> automated external defibrillator (AED) <input type="checkbox"/> epinephrine administration (epi-pen)		
If applying for Paramedic , did the applicant's training include (check the appropriate box(es)): <input type="checkbox"/> IV Therapy <input type="checkbox"/> medication administration <input type="checkbox"/> endotracheal intubation <input type="checkbox"/> manual defibrillation		
If this person is currently licensed as an EMT Specialist (Intermediate 85) or Paramedic, do they currently hold or have they held in the past, certification/licensure at the EMT level? <input type="checkbox"/> No <input type="checkbox"/> Yes		

CERTIFICATION

I hereby certify that, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

Title

Full Name of Licensing Board

(S E A L)

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ONGOING EDUCATION RECORD

Authority: P.A. 368 of 1978, as amended

Type or Print Only

Name		U.S. Social Security Number	
Street Address			
City	State	ZIP Code	
License Level	Michigan Permanent I.D. Number and Expiration Date		

This ongoing education record form is **not** your application. You must keep our office informed, in writing, of name and address changes over the course of your licensure period.

Ongoing Education Requirements: During the three-year period of your licensure, you must either accrue ongoing education credits or complete a refresher course equivalent to your level of licensure in order to qualify for renewal/relicensure. In addition, submit a copy of your current CPR certification from either the American Heart Association (CPR for Healthcare Providers), American Red Cross (CPR for the Professional Rescuer) or CPR Healthcare Providers (National Safety Council). Paramedic renewal/relicensure does not require CPR certification. **THIS DOCUMENT MUST INCLUDE ORIGINAL I.C. CODE NUMBERS OR APPROVED ATTACHMENTS VERIFYING ONGOING EDUCATION ACTIVITIES AT THE TIME OF RENEWAL OR RELICENSURE.** Please retain copies of all records.

Credit Requirements:

EMT (Basic) - 30 total; 7 minimum in required category; 6 maximum credits allowed in any category.

EMT SPECIALIST - 30 total; 9 minimum in required category; 6 maximum credits allowed in any category.

PARAMEDIC - 45 total; 11 minimum in required category; 6 maximum credits allowed in any category.

Credit Options: (1) A number of courses, such as BLS and ACLS are pre-approved for credits. Contact your Regional Coordinator for information. (2) Documentation of clinical activities by your employer or Medical Control Authority will allow one credit for every ten (10) patient IV starts (maximum 2 credits) and 1 credit for every ten (10) patient ETT's that you have successfully completed (maximum 2 credits).

*REQUIRED CREDIT:	Date/Code No./Credits	Date/Code No./Credits	Date/Code No./Credits	Total
Airway/Oxygen-Basic				
(All Levels)				
Cardiovascular-Basic				
(All Levels)				
Patient Assessment/Triage				
(All Levels)				
Pediatrics				
(All Levels)				
Respiratory Emergencies				
(All Levels)				
Shock				
(All Levels)				
Spinal Injury/Back boarding				
(All Levels)				
Airway Oxygen-Advanced				
(Specialist & Paramedic Only)				
IV therapy				
(Specialist & Paramedic Only)				
Cardiovascular-Advanced				
(Paramedic Only)				
Pharmacology				
(Paramedic Only)				

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

NAME				
*ELECTED CREDIT:	Date/Code No./Credits	Date/Code No./Credits	Date/Code No./Credits	Total
Abdominal Injury/Illness				
A & P				
Behavioral Emergencies				
Bleeding/Soft Tissue Injuries				
Burns				
Chest Injuries				
CNS Illness/Injury				
Communicable Diseases				
Communications				
Diabetic Emergencies				
Disaster Planning				
Emergency Driving				
EMS Systems Operations				
Environmental Emergencies				
Geriatrics				
Hazardous Materials				
Injury Prevention				
IV Maintenance				
Med/Legal				
Musculoskeletal Injuries				
OB/GYN				
Patient Handling				
Poisons/Substance Abuse				
Rescue/Extraction				
Stress Management				

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INSTRUCTOR COORDINATOR ONGOING EDUCATION RECORD

Authority: Act 368, P.A. 1978

FAILURE TO COMPLY WITH THESE INSTRUCTIONS WILL RESULT IN REVOCATION AND/OR DENIAL OF INSTRUCTOR COORDINATOR LICENSURE.

Type or Print Only

Name		U.S. Social Security Number	
Street Address			
City	State	ZIP Code	
I.C. License Expiration Date		I.C. Code Number:	

INSTRUCTIONS: There are three methods in which you may renew your instructor coordinator license: (1) Successfully complete a Department-approved instructor-coordinator refresher program, (2) Accrue twenty-seven (27) credits in Department-approved professional development credits or (3) Accrue twenty-seven (27) credits through a combination of professional development and educational experience. This form is to be used to document the thirty (30) credits of ongoing education which you must earn during the three years your license is in effect. An application for renewal of your license will be mailed to you approximately 45 days prior to your license expiration. You must submit original credit slips for documentation. **BE SURE TO KEEP A COPY OF THIS FORM FOR YOUR RECORDS.**

You are required to have either a current BCLS or ACLS. This will automatically give you 3 credits.

BCLS / ACLS (circle one)

Expiration Date: ____/____/____

Credits: 3

CHOOSE ONE OF THE THREE OPTIONS (indicate your choice by marking an "X" in the appropriate box):

- ☐ **OPTION I** Completion of an Instructor-Coordinator Refresher Course: Attach a copy of your certificate showing successful completion of the refresher course.
- ☐ **OPTION II** Completion of 27 credits in Professional Development subject areas: A minimum of twenty-seven (27) credits for professional development through Department-approved instructor-coordinator ongoing education programs is required.

SUBJECT	Date/Code No./Credits	Date/Code No./Credits	Date/Code No./Credits	Total
<i>Instructional Techniques</i>				
Minimum 6				
Maximum 12				
<i>Measurement & Evaluation</i>				
Minimum 6				
Maximum 12				
<i>Educational Administration</i>				
Minimum 6				
Maximum 12				
<i>Other Professional</i>				
Development - Maximum 6				

Name

☐ **OPTION III** Combination of 18 Professional Development Credits and 9 Performance Credits.

Part A: Professional Development Credits. A minimum of eighteen (18) credits for professional development through Department-approved instructor-coordinator ongoing education programs are required.

SUBJECT	Date/Code No./Credits	Date/Code No./Credits	Date/Code No./Credits	Total
<i>Instructional Techniques</i>				
Minimum 3				
Maximum 9				
<i>Measurement & Evaluation</i>				
Minimum 3				
Maximum 9				
<i>Educational Administration</i>				
Minimum 3				
Maximum 9				
<i>Other Professional</i>				
Development - Maximum 4				

Part B: Performance Credits. In addition to the 18 credits required in Option III, Part A, 9 credits are required in any area or combination listed below.

EMS INSTRUCTION Maximum of 8 credits. One (1) credit for every four (4) contact hours of instruction (initial or **ongoing** ed). Proof: Credit Rosters, I.C. credit slip, course syllabus, etc.

TESTING ASSISTANCE Maximum of 4 credits. One (1) credit for every State licensure practical exam in which you assist as an evaluator or site coordinator. Proof: Credit slip from Regional Coordinator.

COURSE COORD. Maximum of 8 credits. One (1) credit for every refresher course, 3 credits for every initial course, and 1 credit for every 15 ongoing education credits approved and coordinated. Proof: Copies of course completion forms for initial and refresher course and copies of CE roster forms for the ongoing education option.

Method*	Description of Documentation (Proof)	I.C. Credits

* This column should indicate either teaching, testing, or coordination.